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DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED
WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 53.]

CUSPARIA, OR ANGUSTURA.—This is a warm tonic, extremely useful in cases exactly fitted for it, but sometimes producing much febrile excitement. In France, it is regarded as a tonic of about equal power with calumba, quassia and simarouba; but it differs considerably from these, and is more stimulating. If we might borrow from the vocabulary of Giacomini, we should describe cusparia as a very pure gastro-enteric hypersthenic; in other words, a tonic, approaching, as nearly as possible, to a stimulant of the mucous membrane of the stomach and bowels. It is peculiarly indicated in atony of the stomach and bowels, accompanied with an ex-sanguine condition of the mucous membrane. But in debility of the digestive organs from an active cause—that is, depending on, or accompanied by, the slightest degree of pyrexia and capillary congestion, it is contra-indicated. In mucous diarrhoea of a passive character, it is useful; also in cases of simple flatus, as of that of a gentleman who now consults me. The colon becomes distended with large quantities of gas, entirely devoid of smell, but the presence of which proves extremely irksome to him—a young man of nervous temperament, and exercising a profession which requires him to speak in public.

Diabetes.—I do not make any apology or explanation for introducing here the subject of this notice; since diabetes, though proximately a renal disease, is undoubtedly the result originally of derangements in primary or secondary assimilation, by the removal of which, moreover, its cure is chiefly to be looked for. Into the treatment of saccharine diabetes, diuretics &c. hardly enter; but almost all our measures are addressed to the organs and the states of digestion, to the condition and function of the skin, &c.

The subject of diabetes, including its etiology, pathology and therapeutics, is so extensive, as entirely to preclude me from doing even the barest justice to it here. My notice of it will accordingly be as concise as possible, and restricted to practical details.

Saccharine diabetes, as its name intimates, implies both an increase in the quantity and a sweet taste of the urine. Dr. Prout has seen the range of specific gravity of diabetic urine extend from 1.010 to 1.050,

its healthy average gravity being 1.020. The quantity of urea is usually lessened; sometimes, though rarely, increased. That of uric acid is variable, being sometimes above, but perhaps more commonly under, the natural standard. The relative proportions of the salts of the urine are nearly those of health; but owing to the increased quantity of urine voided, the absolute proportions are less. Diabetic urine is usually transparent; pale-yellow, or with a slight shade of green. Its smell has been compared to that of new hay. The quantity of diabetic urine is sometimes almost incredibly large. Dr. Prout has known it reach thirty pints in the twenty-four hours—this quantity continuing to be voided during weeks and even months! Thirst, dryness of skin, a preternaturally red tongue, heat of stomach, loss of flesh and strength, are the invariable, or almost invariable, symptoms of saccharine diabetes. In Dr. Prout's opinion, the disposition to diabetes is much more frequently hereditary than acquired. Its causes are very obscure and uncertain. "If I were permitted," writes the experienced physician just quoted, "to draw a general inference from my observation, I should say diabetes usually follow cutaneous affections, and accompanies (perhaps precedes) affections of the cellular tissue."

The source of sugar in the urine may be either derangements in chymification, chylicification or sanguification, or else may arise from morbid disorganization of the gelatinous tissues. The cure of saccharine diabetes of this latter origin is far more hopeless than the other; for besides our almost total ignorance of the physiology or pathology of what Dr. Prout names formative and destructive secondary assimilation, it is evident we have no means of treating derangements of secondary assimilation, except by attention to those of the first.

When saccharine diabetes is due to derangements of primary assimilation, it is supposed to occur in the following manner:—The stomach and duodenum having, from some cause, failed to convert the amylaceous part of our food into albumen, saccharine fermentation occurs; sugar is absorbed by the lacteals, and mixing with the blood, causes saccharine diuresis; in other words, diabetes.

For ascertaining the presence of sugar in urine, Mr. Moore's test generally answers sufficiently. Pour into a test-tube any quantity of suspected urine, and add half as much of liquor potassæ; heat to ebullition, and the fluid will change to a hue more or less deeply orange-brown, according to the proportion of sugar present.

Treatment of Diabetes.—The use of bread and vegetables should be reduced to the lowest possible amount. The diet should consist of flesh, fish, oysters, eggs. Salted and smoked meat should be given. Porter, as free from acid as it can possibly be procured, and made from highly torrifed malt, or, perhaps better still, strong and dry sherry, should form part of the daily beverage. Moderate exercise should be taken; vapor baths used, and the body covered with flannel. Appetite, if excessive, should be mitigated by the use of opium, which, if given in the form of Dover's powder, will answer a double purpose, by also acting as a diaphoretic, a therapeutic indicated in the disease. The bowels must be

kept just regular, by castor oil, or, better still, by bitter extracts. Mercury should only be had recourse to under unequivocal indications for its use.

Thirst is best allayed with lime or chalk water, or with such mineral water as the Bristol Hotwell (containing carbonate of lime), Vichy, &c.

Astringents have also been recommended to restrain the diuresis; but it is evident their action can only be palliative, and the propriety of using them at all seems to me extremely questionable. But in a disease which, when at all established, baffles art, a medical man is to be excused, when driven to the use of many agents on which he himself founds but slender hopes.

Diarrhœa.—*Diarrhœa* has been, by some writers, divided into a variety of species, which, whether nosologically correct or not, is not necessary practically, and as regards treatment. The simplest general division of *diarrhœa* would, it appears to the writer, be into *subjective* and *objective*: that which arises from states of the stomach, liver, pancreas or intestines; or else from certain qualities in the ingesta which are brought into contact with these parts or organs. Strictly speaking, however, all kinds of *diarrhœa* are subjective, primarily or ultimately.

The first and simplest kind of *diarrhœa*, named usually *crapulosa*, is that which merely results from an inordinate meal—it may be of articles of food unobjectionable in themselves, or else of aliment injudiciously or unseasonably used, such as unripe fruit, stale fish, &c. Here the *diarrhœa* is not to be considered the disease, but rather the cause or causes producing it, of which it is at once the effect and the remedy. *Diarrhœa* of this species and origin is to be permitted, if not even encouraged; certainly not to be checked, unless it ends in tenesmus, with stools purely mucous, and devoid both of feculent matter and undigested aliment. Then, and then only, we must step in with chalk mixture, or with opiate pills, powders, draughts, or suppositories.

The second and next most usual form of *diarrhœa* is what is called bilious. Some writers have been guilty of what appears to the writer to be the paradox of denying, or at least doubting, the existence of such a species, and even the late Dr. Abercrombie abets this view. A greater authority, however, than even he—namely, Andral (besides others) adopts a directly contrary opinion, and regards bilious *diarrhœa* as not only possible but frequent. Dr. Prout alleges, that in some diseases the biliary secretion is strongly acid. In other cases it is equally acid; and not rarely this chemical change in the secretion is accompanied with a notable augmentation of its quantity, so that two causes—namely, morbid quality and quantity, co-operate in producing preternatural peristalsis of the bowels and bilious discharges, accompanied with what may be called *ardor fecium*.

Diarrhœa of this kind is also scarcely, if at all, to be interfered with. Astringents would be madness; purgatives are unnecessary. Diluents, however, to protect the mucous membrane and dilute the acrid bile; anodynes, such as tincture of hyoscyamus, to relieve spasm or griping; warm fomentations and opiate epithems to the abdomen; these, and some other

like means, will ease the sufferer, and ward off fever. If, however, there is much tumefaction and growing tenderness in the hepatic region, no time must be lost; but cupping, leeches, even blisters and phlebotomy, must, singly or successively, be employed. If febrile excitement succeeds the diarrhoea, we must give liquor ammoniæ acetatis, ipecacuan. wine, or even the potassio-tartrate of antimony.

Pancreatic diarrhoea naturally follows bilious. In the few cases of it which have been noted, and were reported, and verified by a *post-mortem* examination, there was deep-seated pain, during life, behind the pylorus, with mucous vomitings and "spumous stools." The treatment is similar with that for bilious diarrhoea. In both, if there be griping or spasm in the abdomen, copious imbibition of a decoction of rice, or a tisane of gum Arabic, or an *ad libitum* use of the almond or acacia mixture, is to be permitted or enjoined the patient.

What may be called catarrhal diarrhoea is the next form; or we may name it gastro-enteric influenza. It is, in short, an insidious kind of sub-inflammation of the small intestines, attended with no inconsiderable debility, fever, and, for some time at least, with a pretty copious mucous discharge. By this discharge, the fecal contents of the bowels are loosened and come away, in diarrhoea, at the beginning of the disease; this in no long time ceases, but the debility and fever rather increase, and some tenderness and fulness begin to be experienced in the abdomen, especially on pressure being applied.

In this form we must have recourse to camphor-mixture, musk-mixture, liquor ammoniæ acetatis, liquor ammoniæ sesquicarbonatis, with vinum ipecacuanhæ, ammoniacum-mixture, &c. To each of these we may add, infusion or tincture of hop, or the wine of opium, or half of a grain or quarter of a grain doses of the hydrochlorate of morphia. Warm diluents, such as tea, are also to be freely used; and in the aged or feeble, wine and tonics must be prescribed so soon as the pulse and the dryness and heat of skin subside.

Diarrhoea of a purulent character, and accompanied or caused by ulceration of the glands and follicles of the small intestines, must be treated as dysentery. In France and Germany, ipecacuanha is much used and much praised in such circumstances. The following formula of Spielmann is reported as highly successful:—Ipecacuanhæ, two drachms; aquæ, fourteen ounces. This is boiled, and two ounces of a gum syrup is added to it. This, then, forms, as I understand, three quantities, each of which is to be administered in three doses, at three hours of interval between each dose. In France they use a "julep," made up somewhat similarly, and flavored with the syrup of lemons.

Helvetius, in giving a formula for an ipecacuanha decoction, very justly directs, that on the first day it should be given in such doses as to cause vomiting. Many cases, both of diarrhoea and dysentery, are caused by interruption (from chill, &c.) of the transpiratory function of the skin. Almost all cases, whether of this origin or not, are accompanied with a remiss action and dry and heated state of that integument; and all of them are greatly relieved by that dry and heated state being removed,

and by the insensible perspiration being even stimulated till it becomes sensible; for thereby increased action is transferred from the mucous to the cutaneous membrane—from an internal to an external part—from a part in a state of irritation to one healthy—from a part whose derangements are more critical to one whose derangements are less so.

When diarrhoea is from the first of a purely passive character (without febrile excitement, quickened pulse, dry skin, thirst, &c.), or when it becomes so (having reached its chronic stage), we may, after a little time, and if it does not tend spontaneously to disappear, check it by astringents. For this purpose, tannin, rhatany, catechu, kino, alum, tormentil, pomegranate, may be severally employed. If there are acid eructations, lime water and the chalk mixture may be used, separately or combined with any of the above. If there is passive diarrhoea, with abdominal pain (depending on tenesmus, not only in the rectum, but along the intestines), but without acceleration of pulse, &c., then a dose of morphia may be prudently hazarded, by which the disease will sometimes be at once removed.

Diet.—It is obvious that this is a matter far too general and generic to form the subject of a single "notice." It would itself furnish materials for a series of alphabetical notices as long as those we are now engaged in. I propose, under the present head, to give (as entertaining, and not devoid of useful information) some details of the diet of the Greeks and Romans, collated from materials collected by me more than ten years ago. I mention this circumstance, because a year or two ago another medical gentleman of London published a work, in which he touches, to some extent, on the same subject.

The Greeks and Romans, it is hardly necessary to say, used no alcoholic liquor, nor yet tea, coffee, chocolate, or sugar. It is extraordinary, also, that even butter seems to have been most uncommon among them, Galen informing us that he had but once in his life seen it. They were ignorant also of the greater number of our tropical spices—cloves, nutmegs, ginger, Jamaica and Cayenne pepper, mace, pimento, &c. They knew nothing of spinach, sago, tapioca, arrow-root, or of the potato; nor, among fruits, of the orange. When we add that they were also unacquainted with tobacco, we perceive that several articles, staple among us, were unknown to them.

Beef was the ordinary principal article of food with the early Greeks and Romans. This, if not eaten raw, was hastily broiled or roasted, and, in later times, at least, strongly spiced. The flesh of the sow and the wild boar, as being supposed most nearly to resemble human, was considered peculiarly nourishing; athletes, when training for the amphitheatre, consequently preferred this species of flesh. The ancients made use of several kinds both of vegetables and animal food which we do not employ. Thus they ate mallows, acorns and lupins, while radish, lettuce and sorrel they used more than we do. As regards kinds of animal food not in use among us, but employed by them, may be enumerated the flesh of the wild ass, young dogs, dornice, foxes, bears, parrots, lizards. The dormouse was eaten before its winter sleep; when fat, was esteemed a

great luxury, and was served up with honey and grains of poppy. Dogs intended to be eaten were previously castrated, with the view at once of causing them to grow fat, and to prevent their having a strong odor.

The Romans also maintained large aviaries. The peacock was much esteemed as an article of food both by the Greeks and Romans. The ostrich, though forming tough eating, was prized, but its wing and brain were reckoned the select parts. For one dish of ostrich brains, three hundred in number, the emperor Heliogabalus was at an expense equal to £30,000 sterling. The crane and the swan made fashionable dishes at Rome till Augustus's time; then the stork succeeded. Young cocks which had been drowned in Falernian wine (the most esteemed wine of that time), and afterwards macerated in it, were reckoned a luxury; the liver of the goose, made into a paste with milk and figs, was an invention of the Consul Metellus, and obtained repute; the thrush and the black-bird were, by the ancient Romans, as by the modern Italians, particularly prized; in the bills of fare in the Roman eating-houses, they still appear, and the writer can bear testimony to the excellency of the dish; the Romans kept them in large aviaries, and fed them with wheat in ear, figs and flour. The lark and the becafigo, a small bird, still used in Italy, were anciently much employed. They did not use frogs, though, as we have said, they ate lizards.

In the earlier ages of Greece and Rome, fish were considered an effeminate sort of food; but at a later period, they became a principal part of the diet of fashionable Romans, and immense expense was lavished in procuring and maintaining them. Sometimes single fishes were sold at a greater price than the cost of a slave. The herring, cod, and, I rather think, the salmon, were unknown or unused by the ancient Romans; but the fresh-water lamprey brought immense sums; the sturgeon was thought worthy of the tables of the emperors and noblest Romans, and was always served up with great pomp. The eel called *muræna helena*, and the conger eel, were greatly used; the liver of the whiting was greatly prized, and its flesh thought next in rank after that of the sturgeon; the turbot, flounder, plaice, sole, and what is called the sea-sparrow, were thought excellent dishes. Freedmen only were allowed to eat the flounder, and it and the sole were regarded as the fishes most easy of digestion. The mackerel and tunny were much sought after, and were eaten with rue and assafœtida. But the roach or mullet would appear to have been regarded as the *facile princeps*—the *ne plus ultra* of Roman luxury. As they did not succeed in rearing it in their reservoirs, it sold at an extravagant price. Three cost about £25. The liver and head were esteemed the most. It was from this fish that Apicius compounded his celebrated sauce. I do not find what was the fish for which the epicure just named made his voyage to Africa, and am not aware if it has been ascertained.* The anchovy was used, as it now is in Italy, pickled in vinegar. It was then considered a delicacy—an opinion which any one

* I need not inform the reader that this was the man who committed suicide from a fear of wanting means of gastronomic indulgence. When he did so, he had still a fortune of £80,000, but it was originally much greater.

who has eaten it in Leghorn or Genoa, along with a flask of good wine, will not be slow to believe.

Pottages or soups were used little by the Romans.

Finally, as regards condiments and wines. In general, their dishes were greatly spiced. Almost every dish was impregnated with rue, coriander, cumin, myrtle, privet-berries, fennel, smallage, spikenard, leaves of the laurel, cassia, and of asarabacca, sumach, elder, mastic, fenugreek, onion, leeks, cresses, rochet, the Egyptian plant called seseli. To common salt they often added nitre and sal. ammoniac, and to their sugar confections they added pepper.

The wines of Scio, Lisbon, Tarentum and Falernia, were most esteemed. They were often drunk by the Greeks and Romans, mixed with warm water, as this was thought to develop better their flavor. They also impregnated their wines with absinthia, roses, pennyroyal, myrrh, rosin. They also added honey to wine, and had wines diluted with barley and white of egg. To prepared wine they occasionally added raisins, or the juice of the fresh grape. They had also an acidified milk as a drink. Iced and hot water for mixing with wine were sold in shops corresponding to our ale-shops.

What were called voleries were extremely numerous (as we are informed by Varro and Columella) in the vicinity of Rome. In these were reared and fattened, thrushes, blackbirds, ortolans, quails, &c. What is singular, oxen and hogs were fed on the excrements of these birds. Each fat thrush cost about two shillings—a large sum. They were fattened on millet and on a paste formed from flour, mixed with bruised figs; and the flavor of their flesh was raised by supplying them with the berries of the ivy, myrtle and lentiscus. As may be seen in some of the bird enclosures in the Zoological Gardens, Regent's-Park, they were supplied with water by means of a little stream running through in a stone gutter. Although light was admitted to these voleries, yet a prospect of the fields, &c., was prevented, in order that the feather prisoners might not be agitated by a view of their familiar and natural haunts, but fatten in lazy content.—*Lancet*.

THE PREVENTION OF MISCARRIAGE AND PREMATURE LABOR.

By William Griffin, M.D., Physician to the County of Limerick Infirmary.

When miscarriage or premature labor takes place at fixed periods, from the influence of acquired habit, may not the periodical movements be prevented by such remedies as prevent the recurrence of an epileptic fit or a paroxysm of ague?

I was called on some years since to attend Mrs. C., a lady who was ill with the usual symptoms of miscarriage at the third month. She informed me that she had had a miscarriage at the end of the third month of her first pregnancy. She reached nearly to her full time on the second occasion, fell into puerperal convulsions in her labor, and was delivered of a dead child. In her next pregnancy she had a miscarriage at three

months; in her fourth at three months; and now in her fifth she was again threatened exactly at the same period. She informed me that everything had been done to prevent it. She had been bled repeatedly, kept for weeks upon low diet, and was confined during the time entirely to the horizontal position. She lived, in fact, between the bed and the sofa. In this new attack some friends recommended her to send for me, with the hope of having some plan of treatment devised by which she might be enabled to go on to her full time. The amount of the hæmorrhage was, however, so considerable, and the uterine pains so general and regular, I told her it was impossible to prevent the miscarriage, but if I was informed of her condition on any future occasion, when six weeks or two months should elapse, I might, perhaps, succeed. Miscarriage, I believe, took place on that night or on the next morning.

In three or four months afterwards I received an intimation from this lady that she was two months pregnant. On considering the probable causes of the previous miscarriages, I could not detect any very obvious one. Her health was excellent, her habits regular, her diet moderate. The extreme regularity with which the miscarriage always occurred at the end of the twelfth week rather confirmed the only conjecture I could form, that it depended wholly on the influence of an acquired habit; and the question necessarily arose, how was this acquired habit to be interrupted or controlled? All the ordinary measures had already been adopted, and the poor lady had been subjected for weeks to the most irksome and tantalizing restrictions, without the slightest advantage. In this difficulty it occurred to me, that as periodical attacks of epilepsy may often be prevented by a long course of any of the metallic tonics, the periodical movements connected with the action of the uterus might be also under their control. I therefore directed my patient to take two and a half grains of the oxide of zinc, with two grains of extract of hops, three times a-day, and after each pill, two table-spoonfuls of a mixture of valerian, aromatic spirits of ammonia, and infusion of snake-root. She was also ordered a box of pills, containing a grain of opium in each, one of which she was to take when pain came on, and to repeat the dose every hour until relief was obtained. As she was of a nervous habit, I thought, if my view of the case was a correct one, that both bloodletting and confinement to the sofa would rather tend to increase than lessen the danger, by weakening the general tone of the system, and rendering her more susceptible of slight impressions. I therefore advised her, instead of lying all day upon the sofa, to keep out in the open air on fine days as much as possible, without, however, fatiguing herself, and to live in the manner she usually found to agree best with her. Under this plan of treatment she passed the twelfth week without the slightest threatening, to her very great joy and the gratification of her friends. Happening, however, in about a fortnight afterwards, to visit a sister who was very ill, she was so shocked at her appearance that she was immediately seized with the usual symptoms premonitory of miscarriage. She had a discolored leucorrhœal discharge, which, in a few hours, was followed by uterine pains, being exactly the symptoms which had ushered

in all her former attacks. She took the opium pills as I had directed her, and before morning the pains and discharge had all subsided, and in a day or two she was as well as she had been before. She then resumed the zinc and valerian for three or four weeks, after which period I did not consider it necessary to continue them. She went on to her full time without the slightest uneasiness, and was finally delivered of a fine child, which is now well and thriving.

Very soon after this lady had applied to me, and when I had just obtained strong presumptive evidence of the success of the treatment adopted, Mrs. H. consulted me with a view of obtaining advice as to the best means of preventing premature labor, which, she feared, was about to come on. It had already occurred to her four times successively; the infant dying in the middle of the sixth month, and her delivery of a dead child taking place at the end of it. She had now completed the fourth month of her pregnancy. On making some inquiries to ascertain whether she had had at any time a syphilitic affection, I could only glean, that she had suffered with soreness in the vagina for three or four months after her marriage, for which mercurials had been prescribed. This was obviously a very different case from the one already related. In the latter, hæmorrhage and pain came on first, and the child died as a consequence. In the former, the child died in the first instance, and premature labor followed. In Mrs. C.'s case the mere influence of habit, the tendency in the constitution to be influenced periodically, brought on labor. In Mrs. H.'s case the infant died through some unknown cause, and labor came on because of its death. There did not appear, therefore, to be any analogy which could suggest a treatment precisely similar. Taking into consideration the probability of the child's death being occasioned by some syphilitic taint in the habit, I therefore decided on giving calomel and opium in small doses, so as to affect the gums slightly; and subsequently, with a view of preventing the accession of labor at the end of the sixth month, from the influence of habit, to adopt the same plan which had been pursued so successfully in the case of Mrs. C. After a fortnight or three weeks the gums became sore, upon which the calomel was suspended, and pills of oxide of zinc, with the valerian mixture prescribed for Mrs. C., were substituted. Under this treatment Mrs. H. passed the usual period at which labor came on, and continued in good health to the 7th of July, when she was attacked with griping pains and slight flooding. These symptoms subsided by keeping perfectly at rest, and taking a few anodyne pills. On the 17th of the same month, when she had reached within four weeks of her full time, she was seized with threatenings of labor, and on the 19th was delivered of a living child, which died after some hours. This lady resided in the country, at a considerable distance from me, and could not receive that immediate attention and advice, which, if she had been in town, would probably have enabled her to go to her full time.

About the same time these cases were under my care, I was consulted by Mrs. A., who had also been seized with premature labor, in consequence of the infant dying in the seventh month, for three successive

years. In her last labor she was seized with violent puerperal convulsions, during which she was delivered of an infant, which had evidently been dead for many days.

I had not had the medical management in the earlier labors, and was merely called in a little before the lady's confinement; in the last I had, therefore, no opportunity of adopting any preventive treatment. When she was again pregnant, however, and approached the seventh month, I adopted the same treatment as I had done in the former cases, partly to counteract, if possible, any tendency to labor arising from acquired habit, and partly that I thought it not impossible the same influence which was capable of controlling a periodical movement in the system comprehending months, might also control causes tending to the death of the child. The lady took the oxide of zinc pills and valerian mixture, three times a-day, for some weeks before the period when labor might be expected; and she had opium pills by her, one of which she was directed to take whenever she was seized with uterine pains. These last she had no occasion to take, having gone on remarkably well to her full time, when she fell into a natural labor, and was delivered of a living child: it expired, however, almost immediately after. It was obvious here, that the treatment had actually accomplished both the objects I had in view; it had broken up the morbid habit, and it had so interfered with the poisonous influence which had heretofore so invariably, in the seventh month, caused the death of the child, that the latter was born alive. Its death so soon after birth, without any obvious cause, suggested the possibility of some syphilitic taints in the parents, which led to very particular inquiries. The father, it appeared, had not had a syphilitic affection for ten years before his marriage, and never had one since. Acting, however, on the possibility that, even after that long period, some deleterious influence might have been communicated to the mother, and thus evinced itself in the feeble vitality of the offspring, I placed the lady, as soon as she was out of her confinement, under a mild course of calomel (one grain every night, until her gums became tender), and again, when she reached the dangerous period, resorted to the zinc and valerian. I had now the happiness of finding all my hopes realized; she went to her full time, and had a fine living infant, which has since been going on well.

In the first of the cases I have given, in which abortion occurred apparently from the acquired habit, the treatment was quite successful. The disposition to premature action in the womb was controlled exactly as the movements to a fit of epilepsy or of ague might have been arrested by some similar means. Quinine, carbonate of iron, or nitrate of silver, might have accomplished the object probably as well as the oxide of zinc and valerian. The latter were preferred chiefly because I believed they would be less likely to injure the fœtus, but also because I had considerable confidence in the influence which both, and especially which large doses of valerian, possess over the nervous movements. In the second case, the lady, who had fallen into labor on four successive occasions at the sixth month, in consequence of the death of the

child, carried her child to the eighth month, and it was born alive. This instance, however, can hardly be adduced as evidence of the influence of the zinc and valerian, as it seems probable the death of the child, and consequent premature labor, were owing to some syphilitic taint, which was removed by the mercurial treatment. In the third case—that of Mrs. A. Z.—the inference as to the truth of the principle assumed may be considered more satisfactory, as she reached her full time, and had even a living child before the mercurial treatment was adopted.

These cases are so few in number that I offer them to the profession, as evidence of the novel application of a principle long recognized in the treatment of epilepsy, ague, and other periodical diseases, with some diffidence. The legitimate manner, however, in which the analogy was inferred, and the remarkable success attending the remedial measures it suggested, were too striking not to make a deep impression on my own mind.

The extreme difficulty, too, which practitioners so often find in the prevention of abortion and premature labor, as well as the deep interest which married people naturally attach to successful treatment in such cases, invest suggestions supported by even a very limited experience with some importance. The valerianate of zinc, which was not in use at the time these cases were under treatment, would have been a far more desirable preparation, and probably quite as effective. Where it is necessary to continue medicines of this class for a long period, it is a great object to be in possession of such an elegant substitute for so disagreeable a mixture as the valerian.—*Dublin Med. Journal.*

CASE OF PROBABLE CANCER OF THE PYLORUS.

[Communicated for the Boston Medical and Surgical Journal.]

JULY 20, 1847.—Mrs. T., aged about 50, some four months since had what appeared to be an attack of dyspepsia, with occasional vomiting of a small quantity of blood, considered at the time hæmoptysis. Gradual emaciation took place from the attack. She vomited the contents of her stomach more and more frequently, until this took place at least after every meal, her food being retained long enough to ferment. Habitual and obstinate costiveness; pulse 75, soft and rather weak; complained of but little pain, but a very disagreeable sensation, to use her own language, of “drawing at the bottom of her belly.” She had some years previously had a polypus (very large and of long standing, and which had greatly impaired her general health) removed from her uterus. After its removal, however, her health improved, and she became slightly corpulent until her present attack. Supposing that the sensation complained of might have some connection with that organ, it was examined, and found healthy. The urine was scanty, turbid, and offensive in odor, but no analysis was made of it. The case was concluded to be atonic dyspepsia, and she was put upon the use of pil. hyd. and ext. colocynth comp., to be assisted, if necessary, with senna and enemata.

Visited her again on the 28th, and to my surprise found that her bowels had not acted since my first visit, notwithstanding she had taken half a dozen of the pills, and from a pint to a quart of strong infusion of senna, with several enemata each day. These last had, however, been imperfectly administered with a bladder. As she was complaining of the drawing at the time, her naked abdomen was inspected. At the moment that her abdomen was exposed, there was a considerable fulness of the lower portion of the left hypochondriac region, extending downwards through the left lumbar. This fulness was evidently produced by fluid, which could be readily thrown into agitation, and its fluctuation perceived. During the moment of ascertaining its character, the fluid mass commenced moving towards the right side, and undulated forcibly from side to side many times, describing, in its course, a semicircle below the umbilicus, that being the centre of the semicircle described. Had the fluid mass stopped in the middle of its course, it might readily have been supposed to be an over-distended bladder. It did not rise so high as the umbilicus at its place, nor on the right side; but on the left side rose above a level with that part. It was large enough to be the colon greatly distended, and such it was at the moment suspected to be, and that there was some serious obstruction below or at the lower part of the sigmoid flexure. I now procured a large and excellent syringe, and placing the patient, with her hips elevated as high as possible, and her face down, threw into the rectum more than half a gallon of warm soap suds, which was retained a minute or two, and passed off, bringing a few scybalous lumps of faecal matter. I was convinced that it could not be the colon which contained the fluid. Suspicion now fell upon the ilio-cæcal valve, and the small intestines or some part of them had been supposed immensely distended. Not having seen any of the matter ejected in vomiting, I could not be satisfied whether it was stercoraceous. The attendants said it had no peculiarity about it, except that it was very sour. It appeared to be the food or medicine which she had taken recently, in a fermented condition. A consultation with Dr. W., an eminent physician of Murfreesboro', was had on the 3d of August; the plan above detailed having been pursued in the mean time, accompanied with anodynes, antispasmodics, &c.

We found her much as at first described, except considerably weaker. Fluid mass, occupying left side, much larger. A little manipulation put it into motion, and it went through the same turbulent undulations, resembling somewhat aggravated peristaltic action. Handling it somewhat pertinaciously produced pretty free vomiting, and we had the satisfaction of ascertaining for ourselves that it was not stercoraceous. The matter ejected consisted of the water, tea, and small quantity of diet which she occasionally took, of an acid smell, and blackened, as if slightly tinged with ink. The fulness of the tumor greatly diminished, but no difference in fulness was at any time perceived at the scrobiculis cordis. We were now satisfied that the fluid could not come from the small bowel, and consequently that the obstruction must be at the pyloric orifice of the stomach, that organ being displaced to so great an extent as to give rise

to the appearances above detailed. The actual point of obstruction was not detected at that visit; but a day or two afterwards, when her abdomen was more flaccid, it was found so readily, that I am induced to believe that the same careful manipulation which at last found it, would have done so at any time. There was below and to the right of the umbilicus a tumor, as large as a pullet's egg, though not of that shape. It was distinctly cylindrical, gave some little pain on being grasped or pressed upon, and was entirely moveable. The disease was pronounced scirrhus of the pylorus, and incurable. I continued to visit her up to August 9th. During all that time her symptoms varied scarcely at all, except a gradual loss of strength. On the 7th, she vomited some grains of green corn which she had swallowed some three or four weeks previously. Some of them were but little altered, and some were almost entirely black; these were the last. Is it not probable that the blackened ones were impacted within the scirrhus ring (if that was the affection)? She lingered until the 13th, when she expired. Her bowels acted once, if not oftener, spontaneously, after she ceased vomiting, which was on the 8th or 9th.

Autopsy was not permitted.

GEO. D. CROSTHWAIT.

Murfreesborough, Tenn., Aug. 19, 1847.

FORMIDABLE HERNIA—SUCCESSFUL OPERATION.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In compliance with your wishes, I herewith communicate a brief statement of the case of Mrs. H., before and since her arrival in this country, and also the result of my recent operation and treatment for the radical cure of her long-continued infirmity, which has at times given her inexpressible agony, and kept her in almost constant fear of sudden death.

Mrs. H. was born in Scotland; age, 37 years; has naturally a delicate constitution; was married at 20, and has given birth to seven children, six of whom are now living. When about four months pregnant with her first child, she ruptured herself on the left side (as she supposed) by vomiting from sea sickness while crossing the Irish channel to Liverpool. She resided in London eleven years, immediately after the accident happened to her. Six of her children were born while she lived in London. In consequence of her peculiar situation during the greater part of the time which she spent in that city, the hernia had gradually increased to an alarming degree, and bid defiance to every attempt to retain it by trusses, bandages, supporters, &c., and frequently became so much incarcerated as to require from her attending physicians, Drs. Babington and Palmer, eight to ten hours' manipulation, before reduction and relief could be afforded. These gentlemen were more than once under the necessity of calling in consultation and assistance, Drs. Russell, Taunton and Cutter, each concurring in the opinion that the case in question was far the most formidable and difficult that had ever

come within their professional observation. In the year 1841 Mrs. H. and her family came to Boston, where she has since lived (her husband having died about two years after), and in consequence of her obscure and dependent condition, her sufferings from disease, &c., has excited the sympathy and aid of many kind friends, whose benevolence she is ever ready to acknowledge. Among her medical friends of Boston, to whom she owes a debt of gratitude on account of services rendered when most needed, and advice given from time to time, are Drs. Gregerson, Clarke, Fisher, and J. Mason Warren, who have recommended and applied trusses of different kinds, but with no essential relief, so accustomed had the fallen viscera or abdominal contents become to their abnormal position. It was at last deemed necessary to consult further, and especially in reference to her removal to the Massachusetts General Hospital, and the performance of an operation in the hope of giving some relief; but after a careful examination of the case, I understand it was judged to be inexpedient and unjustifiable to have her taken to that institution, in consequence of the long standing of her complaint (seventeen years), and the morbid state of some of the parts implicated, the size of the hernia or fallen viscera, callous openings, &c.

About two years had now elapsed, during a part of which time the disease had made such rapid progress as to interrupt and weaken the natural and healthy functions of the bowels, kidneys and bladder, and had produced great pain and distress in those regions of the body, destroying her usefulness to her family, and rendering life a burden. By your urgent appeal to my sympathy in her behalf (note of March 20th), that something might be done to benefit her condition, if possible, I was induced to see and examine carefully the case at her residence, about the first of April, preparatory to an operation for a radical cure, if such an attempt should be deemed practicable. In the erect posture, I found situated upon the left side a tumor or protrusion of great weight, projecting (especially when I directed her to cough) down the thigh to within five or six inches of the knee. It was, as I judged from the feel and symptoms, made up of a portion of the left descending colon, small intestines, bladder, omentum, &c., and of the size and shape of a child's head and neck (using her own words, "that of a large child"), the neck occupying the left inguinal region. On the right side was also situated in the inguinal space a smaller protrusion or hernia of ten years' duration, the size and shape of a large pear. When in the recumbent posture, both herniæ were reducible by the taxis, with the exception of a small omental mass on the left side, of the size of a hen's egg, which the patient said could not be returned into the abdomen, as it had not been reduced for twelve years. The opening through the external oblique muscles of left side would admit freely the introduction of four fingers, and allow them to pass down behind the viscera upon the psoas muscles, and I could feel distinctly the pulsations of the external iliac artery. The opening on the right side, through which the smaller hernia descended, would admit two fingers with the loose everted skin. The operation which I usually perform in such cases, was now proposed, with some en-

couragement of success, provided other rooms could be obtained better suited to her condition and safety, and for the convenience of a nurse, &c. The result of my examination and conclusion in the case was at once made known to those who, I am happy to say, are ever ready to render prompt assistance to the suffering and afflicted of our city. After a few days I was informed that everything necessary for the comfort and convenience of the patient had been provided and made ready for my attention. After a brief preparatory treatment, I succeeded in reducing, and in part retaining within the abdominal cavity, the hernial protrusions, with the exception of the small irreducible portion or omental process of the left side.

On the 10th of April, 1847, in the presence of Drs. Hoinans, Gregerston, Francis and others, by the subcutaneous introduction of an exceedingly delicate knife, constructed and used by me for this kind of operation, I divided freely but cautiously the adhesions existing between the irreducible omental portion or process and the thickened walls and edges of the oblique muscles, and thereby succeeded in separating and reducing the tumor. The remaining steps of the operation consisted in introducing a very small instrument, which I have invented for the purpose, and irritating the tendinous edges and parietes of the hernial opening, drawing them together, and leaving them to heal.

May 3d.—I operated on the right side or smaller hernia. The operation gave but little pain to the patient. The entire closure of the broken inguinal regions and subsequent restoration to health in this case, was unusually slow, obviously owing to hereditary scrofulous tendency in the system, and also extreme thinness and flabby state of the skin, subcutaneous cellular tissue, oblique muscles, &c. Since the cure the various textures appear thickened and firm. The natural functions of the bowels, bladder, uterus and kidneys are restored.

On the 31st of May, I removed, assisted by Dr. Storer, from the left groin and inner face of the thigh, a large fold of integument or thickened skin, which lay puckered up and loose, giving an unnatural appearance to the left labia and adjacent parts, and which, if allowed to remain, must have produced much inconvenient irritation, &c., in walking. She continues entirely well of her hernia, and for the last three or four weeks has been gradually gaining flesh and strength. For two weeks past she has been absent on a visit to a neighboring city.

9 Winter st., Boston, Sept. 4th, 1847.

G. HEATON, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 8, 1847.

Physiology for Schools and Families.—A series of School Books has been commenced by Mrs. L. N. Fowler, of New York, which legitimately

falls within the circle of our observation, because the books relate, largely, to physiological subjects. Without claiming to have any particular right to speak of educational efforts, yet, feeling an interest in them, in common with all who have at heart the comfort and best physical training of children, we could not allow this opportunity to pass, of commenting upon one of the two books of this series already published. What have families to do with physiology? might be asked. The family is the place, we answer, of all others, where it should be taught; but unfortunately for the age, very few persons think so. In schools, however, it is tacitly acknowledged that the first principles can be admirably taught—and hence authors are continually appearing who write for little minds, or rather, undeveloped capacities, with a view to preparing them for a more elevated system of mental discipline when they are old enough to profit by it. Ladies have rarely attempted physiological authorship, and perhaps for the good reason, that those who have adventured, have not succeeded well. Polite literature is considered their natural province, and hence the public offers no strongly marked encouragement towards female philosophers. Mrs. Fowler seems to have been influenced by a sense of duty, and therefore, without reference to the world's notions of what is proper or improper for a woman to do in the matter of education, has prepared an admirable elementary treatise on physiology, which may prove an interesting remembrancer to those who have forgotten much that others have yet to learn. Although there are but six chapters, they contain the essence of the larger and more costly productions. Had a few more plates been introduced, they would have made her efforts better understood by children, who are, it is presumed, to be the principal patrons. Perhaps the next edition will be improved in this respect. We shall hereafter speak of another scientific tome, from the same gifted source.

Criticisms and Controversies on the Nervous and Muscular Systems.—Our learned friend of the New Orleans Medical and Surgical Journal, Bennet Dowler, M.D., has appeared in a new character in the number of that work for September. He has a long article under the title of "Criticisms and Controversies relating to the Nervous and Muscular Systems," in which there is an exhibition of intellectual force and thoroughness, creditable to any man who engages with subjects so difficult to approach as those with which he has so fearlessly grappled. It is one of the peculiarities of this gentleman to sweep the board, when he bows himself, Sampson like, to exert his whole power; hence, in this instance, there is nothing left for those who may come after him, however desirous they may be of combat with physiological giants. Dr. Dowler must have the organ of caution prominently developed, as he blocks all the wheels of the great engine which he rolls over the highway of controversial science, by the latest and best authorities, so that, while taking breath for another exertion, the carriage never runs back in the old ruts.

Medical science abounds so much in sober realities, that he who can find any thing for merriment in its labyrinths, has a great advantage in writing upon it. In the midst of one of the closest of the arguments adduced in the pages before us, in regard to the independent motory force of the muscles, Dr. Dowler, without an apparent effort, and certainly in good humor, makes the Croonian lectures on muscular motion, already continued one hundred and sixty-three years, appear exceedingly ridiculous. "It is easy

to swim, when held up by the chin," says the doctor, in allusion to the annual prize for a lecture on muscular motion. On the 13th page there is a fair specimen of this gentleman's tact, which we have taken the liberty of extracting :—

"How brainless infants contrive to cry, suck, and excrete, I will not tell the Reviewer, because I do not know. But this I know, that if Reflexians fix as the point of departure, the morphological type, unmeaning experiments upon the spinal marrow of the inferior animals, under denaturalizing processes, and thence proceed by analogizing speculations, to appropriate to their theory the encyclopædia of medical science, not excepting 'all the emotions, appetites, and passions,' surely, experiments upon the human subject must be far more conclusive and comprehensive, and were they applied in the same latitudinarian manner, nothing would be left for future discovery; muscular motion would be to the organic, what gravitation is to the inorganic world, and the physiological mechanism would be like the celestial, but a matter of calculation, an estimate of simple and compound forces and velocities. Until then a mystery will hang over the physiology of the 'anencephalus infant,' which in the mean time, will deserve all the compassion expressed by an old poet,—

'Ill fated youth! what stars malignant shed
Their baleful influence o'er thy brainless head.' "

Philosophy of Charming.—There is some perplexity in ascertaining for what particular class of students a work is designed which is constructed like the one before us, with the title "Fascination, or the Philosophy of Charming; illustrating the Principles of Life in connection with Spirit and Matter; by John B. Newman, M.D." &c. To make it very clear to the person into whose hands a copy may fall, that the book is having an immense run, in the language of the trade, these words appear just below the author's name, "*second thousand.*" Now this may be a mere trick of a publisher, of which Dr. Newman is wholly ignorant;—and it is possible the edition does really sell uncommonly well. Nevertheless, "good wine needs no bush," said one who was familiar with the intricacies of the human heart.

Without admitting this to be a learned production, or even very surprising in its character, it would be wrong to say that it was not an interesting compilation of stories, gleaned from ancient and modern sources, illustrative of the force of imagination. There is scarcely a new idea in it,—and the facts, some of which are venerable with age, although ingeniously introduced to prop up a theory, would not have much weight with men of profound physiological attainments. An examination of the contents of the second chapter would lead one to suspect that there was an addled brain at the bottom. It reads thus :—"Adam acquainted with fascination—The town of Mansoul, built by King Shaddai in the country of the Universe—Its privileges and their forfeiture—Locality of heaven—Material world contained in the spiritual—Encampment of angels—Stephen—Elisha and his servant—Idolatry—Discovery of fascination after the deluge—Worship of Satan—Heathen Magi the first fascinators, and their apotheosis." &c. &c. Besides ten chapters, there is an appendix—the whole making an uncommonly inviting volume in its mechanical appearances. The author has industry—otherwise he never could have collected this farrago of scraps—and that his organ of constructiveness is active, is inferred from the circum-

stance that he has built up a treatise—yet much after the manner a child would erect a house of wooden blocks, without symmetry, without strength, and therefore of little utility.

A conversational style is a miserable one for the inculcation of philosophical instruction. It was fashionable some fifteen years ago to produce familiar manuals on chemistry, botany, conchology, &c., for popular instruction: but they all fell through, simply because they were written *down* to minds, instead of *up* to them. If this "second-thousand" book falls into neglect at last, as we fearlessly predict that it will, Dr. Newman may charge the pecuniary misfortune, should it prove to be one, partly to this style of writing.

Medical Department of the University of Pennsylvania.—A report of the celebrated University school of medicine, for the year 1847, came too late for an extended examination the present week. The prospects of the school are flattering, and its strength increases with its years. Dr. Jacob Randolph is the newly-appointed professor of clinical surgery, but the chair of chemistry has not yet been filled.

Philadelphia College of Medicine.—At a meeting of the class, some hearty resolutions were adopted, expressive of the confidence reposed in the College. Thus:—

"*Resolved*, That we cordially congratulate its founders and supporters upon the unprecedented patronage which has attended its first session.

"*Resolved*, That the ability and fidelity with which the Faculty have filled their respective chairs, certainly entitle this College to a rank among the best in our land, and, in our opinion, cannot fail to place it in that position.

"*Resolved*, That the unwearied attention and faithfulness of the professors in the discharge of their duties, and their uniformly kind and gentlemanly bearing towards us, command our lasting esteem and gratitude.

"*Resolved*, That we earnestly recommend this College to the favorable consideration of all gentlemen visiting Philadelphia for the purpose of attending medical lectures."

New York Correspondence.

Ship Fever.—The needless panic in which city and country have indulged in relation to ship fever, has now nearly subsided, the disease called by this name having almost been banished from our hospitals in the neighborhood of this city. Still, its prevalence and fatality among the immigrants landing by cargoes at Quebec and other ports in Canada, are topics of melancholy interest to the profession, and of sad reflection to every philanthropist. Famine and pestilence would seem to be inseparable, as seen in the history of all the past. But they are not necessarily so, for though starvation may, *per se*, generate disease, yet unless other morbid agencies be superadded, pestilential fever would not be thus engendered. Unhappily, however, in time of famine in any country, the sufferings of the poor consist not merely in the scarcity of food, but of nearly every variety of

privation. Hence multitudes of such, by the crowded apartments they are compelled to occupy, while they linger at home, and still worse by the throngs which are found on ship board when driven to emigration, are deprived of that vital element *air*, which is more essential to life than even food itself. Under such circumstances, the sufferers find themselves in an atmosphere, not only confined by reason of the lack of ventilation, but contaminated and polluted by the filth which invariably accumulates within crowded apartments, despite of any effort at cleanliness. Such is doubtless the *rationale* of the etiology of ship fever.

Disturbance at Bellevue Hospital.—Allusion was made in the last No. of the Journal to the late disturbance at Bellevue, and "an explanation vociferously demanded." The facts lie in a nutshell, and are as follows: The Resident Physician refused to appoint one of the applicants for the post of Assistant Physician. Two or three of the Assistants were displeased, and undertook to coerce his appointment by manifold acts of insubordination, and among others by keeping him in the Hospital, and encouraging his repeated intrusion at the table of the Alms House, under cover of alternate introductions. After repeated admonitions, the intruder was forcibly ejected from the dining room by the Superintendent of the Alms House, in doing which he was resisted by the faction, who had been for weeks plotting mischief, and one of the Assistants was knocked down, in return for his blows inflicted upon the Superintendent. The next day, all the Assistants who took part in the row, were dismissed from office by the Resident Physician, because of their numerous acts of insubordination, consummated by their breeding this riot. The remaining Assistants, who were all familiar with the facts, soon after came out with the following card, which plainly tells the whole story.

"The undersigned, Assistant Physicians in the Bellevue Hospital, under the appointment of the Resident Physician, feel themselves called upon thus publicly to express their concurrence with the recent act of discipline by which their former associates have been removed from the service of the Hospital by dismissal. While we regret the necessity of such an occurrence, yet with our knowledge of the circumstances, we believe the course pursued by Dr. Reese was imperatively called for, and he is sustained by our united convictions of his duty to the public interest.

B. F. WENDEL,	C. B. DAYTON,
O. H. MOTT,	E. C. O'NEIL,
N. R. DAVIS,	WM. KELLY,
G. H. KINGSBURY,	HENRY G. COX."

TO CORRESPONDENTS.—A communication on Mineral Paste, in reply to the one by Dr. J. S. Ware in No. 4 of this Journal, could not have been written in the place and at the time indicated by its date; its signature is, also, one entirely unknown to us. We must therefore decline inserting it, until better assured of its origin.

DIED.—At Bloomingdale, N. Y., Stephen C. Brewster, M.D., formerly of Buxton, Me.

Report of Deaths in Boston—for the week ending Sept. 4th. 186.—Males, 66—females, 60.—Of consumption, 11—typhus fever, 7—disease of the bowels, 45—dysentery, 12—lung fever, 4—disease of the heart, 5—smallpox, 1—debility, 1—infantile, 13—tumor, 1—old age, 2—paralysis, 1—dropsy on the brain, 3—hooping cough, 1—convulsions, 1—cholera infantum, 1—accidental, 2—cholera morbus, 1—teething, 2—inflammation of the bowels, 3—diarrhea, 8—canker, 1.
Under 5 years, 62—between 5 and 20 years, 8—between 20 and 40 years, 27—between 40 and 60 years, 15—over 60 years, 14.

Temperature of the Kenhawa Salt Wells.—It has been frequently stated, that the salt wells of Kenhawa do not conform to the law of increasing temperature with descent towards the interior of the earth. A correspondent made a series of observations on this point a few months since, and the result is that the water of those wells is several degrees warmer than that of the springs in the neighborhood. For example, he found the temperature of some of the deepest wells 63 degrees, while the mean temperature of several springs around was 48. The depth of the deepest well is nine hundred feet.—*West. Jour. of Med. and Sur.*

Unhealthy Condition of Austria.—The *Cologne Gazette* announces that the sanitary state of Austria is very unsatisfactory at the present time. The hospitals of Vienna are so crowded with patients that no more can be admitted, and the authorities of the city are driven to the necessity of hiring several houses to serve as temporary hospitals. The prevailing disease is scurvy, and it is the military who are the principal sufferers. This suggests that there must be something wrong in their dietary, and in the general sanitary regulations under which they are placed.

UNIVERSITY OF PENNSYLVANIA—MEDICAL DEPARTMENT.—Session of 1847-8. The Medical Lectures will commence on Monday, the 18th of October, and be continued under the following arrangement, to the end of March ensuing.

Theory and Practice of Medicine, - - - - -	by NATHANIEL CHAPMAN, M.D.
Chemistry, - - - - -	
Surgery, - - - - -	WILLIAM GIBSON, M.D.
Anatomy, - - - - -	WILLIAM E. HORNER, M.D.
Institutes of Medicine, - - - - -	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, - - - - -	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, - - - - -	HUGH L. HODGE, M.D.
Clinical Instruction at the Pennsylvania Hospital, by G. B. WOOD, M.D., on Medicine; and by JACOB RANDOLPH, M.D., on Surgery.	

Demonstrative Instruction in Medicine and Surgery, twice a week, by the Professors of the Medical Faculty, assisted by W. W. GERHARD, M.D., and H. H. SMITH, M.D.

The rooms for Practical Anatomy will be open from October 1st to the end of March ensuing.—JOHN NEILL, M.D., Demonstrator.

Preliminary Lectures by the several members of the Faculty, will be delivered daily from the 4th to the 16th of October, inclusive.

Fees.—Amount of Fees for Lectures in the University, \$105. Matriculating Fee (paid once only), \$5. Hospital Fee, \$10. Practical Anatomy, \$10. Graduating Fee, \$30.

The Commencement will take place at the usual period, early in April.

The vacancy in the Chair of Chemistry will be filled in time for the opening of the Session.

W. E. HORNER, M.D., *Dean of the Medical Faculty,*

386 Chemut St., above Thirteenth, opposite the U. S. Mint.

Aug. 11.—eptOct. 18

Philadelphia, Aug. 2, 1847.

GENEVA MEDICAL COLLEGE.

THE annual Course of Lectures at this Institution will commence on the first Tuesday of October next, and continue sixteen weeks.

Institutes and Practice of Medicine, by AUSTIN FLINT, M.D.

Anatomy and Physiology, by JAMES WEBSTER, M.D.

Obstetrics and Medical Jurisprudence, by C. B. COVENTRY, M.D.

Chemistry and Pharmacy, by JAMES HADLEY, M.D.

Principles and Practice of Surgery, by F. H. HAMILTON, M.D.

General Pathology and Materia Medica, by CHARLES A. LEE, M.D.

The fees for the Course, \$62. Matriculation fee, \$3. Boarding, including the expenses of room, fuel and light, from \$1.50 to \$2.25 per week.

A Surgical and Medical Clinique is held daily through the course, at which a great variety of cases and operations are presented. The cabinet of Materia Medica is complete; and the Pathological department has been enriched by recent purchases at home and abroad. The most ample material for dissection will be supplied at all times at a reasonable rate.

New York, July 13, 1847.

July 21.—eptOct. 1

CHARLES A. LEE, *Dean.*

SURGICAL SPLINTS.

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Aug25—